Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
WESTERN DISTRICT OF PENNSYLVANIA	_	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	John First name F. Middle name	First name Middle name
	Bring your picture identification to your meeting with the trustee.	Hobdy, Jr. Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-7185	

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s) EIN	☐ I have not used any business name or EINs. Business name(s) EIN
5.	Where you live	1018 Mellon St.	If Debtor 2 lives at a different address:
		Pittsburgh, PA 15206 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Allegheny	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

7.	The chapter of the Bankruptcy Code you are				of each, see <i>Notice Required by</i> a coage 1 and check the appropriate	11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy e box.			
	choosing to file under	☐ Chapter 7							
		☐ Chapter 11							
		☐ Chapter 12							
		■ Cha	apter 13						
3.	How you will pay the fee	a o	I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more deta about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or mon order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check w a pre-printed address.						
		□ I	need to pa	y the fee in insta		n, sign and attach the Application for Individuals to Pay			
			•		(Official Form 103A).	n only if you are filing for Chapter 7. By law, a judge may			
		b a	out is not rec applies to yo	uired to, waive your family size and	our fee, and may do so only if you I you are unable to pay the fee in	in income is less than 150% of the official poverty line the installments). If you choose this option, you must fill outial Form 103B) and file it with your petition.			
	Have you filed for bankruptcy within the	■ No.							
	last 8 years?	☐ Yes.							
			District		When	Case number			
			District		When	Case number			
			District		When	Case number			
0.	Are any bankruptcy cases pending or being	■ No							
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.							
			Debtor			Relationship to you			
			District		When	Case number, if known			
			Debtor			Relationship to you			
			District		When	Case number, if known			
1.	Do you rent your residence?	■ No.	Go to	ine 12.					
	residence:	☐ Yes.	Has yo	our landlord obtain	ned an eviction judgment against	t you?			
				No. Go to line 12	2.				
				Ves Fill out Initi	ial Statement Δhout an Eviction	ludgment Against You (Form 101A) and file it as part of			

Case number (if known)

Debtor 1 **John F. Hobdy, Jr.**

Deb	otor 1 John F. Hobdy, Jr	'.		Case number (if known)				
Par	t 3: Report About Any Bu	sinesses	You Own as a Sole Prop	prietor				
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.					
		☐ Yes.	Name and location of	business				
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if a	any				
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City,	State & ZIP Code				
	it to this petition.		Check the appropriate	box to describe your business:				
			☐ Health Care B	usiness (as defined in 11 U.S.C. § 101(27A))				
			☐ Single Asset R	teal Estate (as defined in 11 U.S.C. § 101(51B))				
			☐ Stockbroker (a	s defined in 11 U.S.C. § 101(53A))				
			☐ Commodity Br	oker (as defined in 11 U.S.C. § 101(6))				
			☐ None of the at	pove				
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?	proceed you are o	under Subchapter V so the choosing to proceed under v statement, and federal ir	the court must know whether you are a small business debtor or a debtor choosing to at it can set appropriate deadlines. If you indicate that you are a small business debtor or Subchapter V, you must attach your most recent balance sheet, statement of operations, icome tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C.				
	For a definition of small	■ No.	I am not filing under C	hapter 11.				
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chap Code.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.				
		☐ Yes.		I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.				
		☐ Yes.		ter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I der Subchapter V of Chapter 11.				
Par	t 4: Report if You Own or	Have Any	/ Hazardous Property or	Any Property That Needs Immediate Attention				
14.	Do you own or have any	■ No.						
	property that poses or is alleged to pose a threat	☐ Yes.						
	of imminent and identifiable hazard to public health or safety?	_ 100.	What is the hazard?					
	Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed	j?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?					
				Number, Street, City, State & Zip Code				

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	otor 1 John F. Hobdy, Jr			Case numb	Der (if known)				
Par	t 6: Answer These Quest	ions for Re	eporting Purposes						
16.	What kind of debts do you have?	16a.	Are your debts primarily	consumer debts? Consumer debts are deersonal, family, or household purpose."	fined in 11 U.S.C. § 101(8) as "incurred by an				
			_						
		16b.	Yes. Go to line 17.	husings dahts? Pusings dahts are daht	a that you incurred to obtain				
		100.	money for a business or investment or through the operation of the business or investment.						
			☐ No. Go to line 16c.						
			☐ Yes. Go to line 17.						
		16c.	State the type of debts you	u owe that are not consumer debts or busine	ess debts				
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapt	ter 7. Go to line 18.					
	Do you estimate that after any exempt	☐ Yes.	I am filing under Chapter 7 are paid that funds will be	 Do you estimate that after any exempt pro available to distribute to unsecured creditor 	perty is excluded and administrative expenses s?				
	property is excluded and administrative expenses		□ No						
	are paid that funds will be available for		□Yes						
	distribution to unsecured creditors?			J 162					
18.	How many Creditors do	1 -49		1 ,000-5,000	□ 25,001-50,000				
	you estimate that you owe?	☐ 50-99		□ 5001-10,000	□ 50,001-100,000				
	owe:	□ 100-19		1 0,001-25,000	☐ More than100,000				
		□ 200-99	99						
19.	How much do you	□ \$0 - \$9	50,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion				
	estimate your assets to be worth?	□ \$50,00	01 - \$100,000	☐ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion				
			001 - \$500,000	□ \$50,000,001 - \$100 million	\$10,000,000,001 - \$50 billion				
		□ \$500,0	001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion				
20.	How much do you	□ \$0 - \$9	50,000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion				
	estimate your liabilities to be?		01 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion				
			001 - \$500,000	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion				
		□ \$500,0	001 - \$1 million	— \$100,000,001 - \$300 million	- Wore than \$50 billion				
Par	t7: Sign Below								
For	you	I have ex	amined this petition, and I d	declare under penalty of perjury that the info	rmation provided is true and correct.				
				r 7, I am aware that I may proceed, if eligible e relief available under each chapter, and I o					
				d not pay or agree to pay someone who is r the notice required by 11 U.S.C. § 342(b).	not an attorney to help me fill out this				
		I request	relief in accordance with the	e chapter of title 11, United States Code, sp	ecified in this petition.				
		bankrupto and 3571	cy case can result in fines u	nt, concealing property, or obtaining money up to \$250,000, or imprisonment for up to 20	or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519,				
		John F.	F. Hobdy, Jr. Hobdy, Jr. e of Debtor 1	Signature of Debi	tor 2				
		Executed	I on July 26, 2021	Executed on					
			MM / DD / YYYY		M / DD / YYYY				

Debtor 1 John F. Hobdy, J	r.	Cas	e number (if known)					
For your attorney, if you are represented by one	under Chapter 7, 11, 12, or 13 of title 11, Ur	nited States Code, and have e	informed the debtor(s) about eligibility to proceed xplained the relief available under each chapter					
If you are not represented by an attorney, you do not need to file this page.		es, certify that I have no know	debtor(s) the notice required by 11 U.S.C. § 342(b) eledge after an inquiry that the information in the					
. •	/s/ Matthew M. Brennan	Date	July 26, 2021					
	Signature of Attorney for Debtor		MM / DD / YYYY					
	Matthew M. Brennan 90195							
	Printed name							
	Matthew M Brennan, Esq.							
	Firm name							
	201 S. Highland Ave.							
	Suite 201							
	Pittsburgh, PA 15206							
	Number, Street, City, State & ZIP Code							
			attorneymatthewbrennan@gmail.co					
	Contact phone 412-414-9366	Email address	m					
	90195 PA							
	Bar number & State							

Fill	in this information to identify your case:				
	otor 1 John F. Hobdy, Jr.				
	First Name	Middle Name	Last Name		
	use if, filing) First Name	Middle Name	Last Name		
Uni	ted States Bankruptcy Court for the: WES	TERN DISTRICT OF P	ENNSYLVANIA		
Cas	se number				
	own)			_	ck if this is an
				ame	nded filing
∩ f	ficial Form 106Sum				
		iabilities and (Certain Statistical Information		12/15
Be a	is complete and accurate as possible. If tw rmation. Fill out all of your schedules first r original forms, you must fill out a new So	vo married people are ; then complete the int	filing together, both are equally responsible formation on this form. If you are filing amend		ing correct
				Your	assets
					of what you own
1.	Schedule A/B: Property (Official Form 100			\$	112,500.00
				· —	<u> </u>
				\$	97,104.52
	1c. Copy line 63, Total of all property on Sc	hedule A/B		\$	209,604.52
Par	t 2: Summarize Your Liabilities				
					liabilities int you owe
_				AIIIOC	int you owe
2.	Schedule D: Creditors Who Have Claims S 2a. Copy the total you listed in Column A, A		cial Form 106D) ottom of the last page of Part 1 of <i>Schedule D</i>	\$	214,749.00
3.	Schedule E/F: Creditors Who Have Unsecu	ured Claims (Official For	m 106E/F)	\$	0.00
			om line 6e of Schedule E/F	· -	
	3b. Copy the total claims from Part 2 (nonp	priority unsecured claims	s) from line 6j of Schedule E/F	\$	71,691.16
			Your total liabilities	\$	286,440.16
				. —	
Par	t 3: Summarize Your Income and Exper	ises			
4.	Schedule I: Your Income (Official Form 106			\$	7,022.40
_				Ψ	1,022110
5.	Schedule J: Your Expenses (Official Form Copy your monthly expenses from line 22c			\$	4,089.83
Par	4: Answer These Questions for Admir	istrative and Statistica	al Records		
6.	Are you filing for bankruptcy under Chap ☐ No. You have nothing to report on this		this box and submit this form to the court with yo	ur other s	chedules.
7.	■ Yes What kind of debt do you have?				
	Your debts are primarily consumer household purpose." 11 U.S.C. § 101(are those "incurred by an individual primarily for statistical purposes. 28 U.S.C. § 159.	a persona	al, family, or
	Your debts are not primarily consume the court with your other schedules.	mer debts. You have no	othing to report on this part of the form. Check thi	s <i>box</i> and	submit this form to

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

13,302.41

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clai	im
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	4,814.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	4,814.00

	this informatio	ohn F. Hob	ody Ir						
Debto		rst Name	• •	e Name		Last Name		_	
Debto								_	
Spous	e, if filing) Fi	rst Name	Middle	e Name		Last Name			
Jnite	d States Bankrup	otcy Court for	r the: WESTERN	N DISTR	ICT OF PE	NNSYLVANIA		_	
Case	number								☐ Check if this is a amended filing
SC n each		VB: Po	roperty describe items. List			If an asset fits in more than ople are filing together, both			
	you own or have a No. Go to Part 2. Yes. Where is the p	, -	quitable interest in a	any resid	lence, buildi	ing, land, or similar property?	•		
	es. Where is the p	oroperty?							
I.1 _	1018 Mellon S Street address, if avail	t.	scription	What	Single-fam Duplex or	erty? Check all that apply nily home multi-unit building ium or cooperative	the an	mount of any secure	aims or exemptions. Put ed claims on Schedule D: ims Secured by Property.
1.1 	1018 Mellon S	t.	15206-0000 ZIP Code		Single-fam Duplex or I Condomini Manufactu Land Investmen Timeshare	nily home multi-unit building ium or cooperative red or mobile home t property	Currel entire	nount of any secure tors Who Have Clair that value of the property? \$225,000.00	Current value of the portion you own? \$112,500.00
.1 - -	1018 Mellon S Street address, if avail	t. able, or other des PA	15206-0000		Single-fam Duplex or I Condomini Manufactu Land Investmen Timeshare Other	nily home multi-unit building ium or cooperative red or mobile home t property	Currel entire Descr (such a life of	nount of any secure tors Who Have Clair that value of the property? \$225,000.00	Current value of the portion you own? \$112,500.00 your ownership interest nancy by the entireties, o
.1	1018 Mellon S Street address, if avail Pittsburgh City Allegheny	t. able, or other des PA	15206-0000		Single-fam Duplex or I Condomini Manufactu Land Investmen Timeshare Other has an inter	nily home multi-unit building ium or cooperative red or mobile home t property rest in the property? Check on	Currel entire Descr (such a life of	nount of any secure tors Who Have Clair that value of the property? \$225,000.00 ribe the nature of y as fee simple, ten estate), if known.	Current value of the portion you ownership interest nancy by the entireties, o
1.1 	1018 Mellon S Street address, if avail	t. able, or other des PA	15206-0000	Who	Single-fam Duplex or I Condomini Manufactu Land Investmen Timeshare Other _ has an intel Debtor 1 o Debtor 1 a At least on	nily home multi-unit building ium or cooperative red or mobile home t property rest in the property? Check on	Curre entire Descr (such a life of Tena	ent value of the property? \$225,000.00 ribe the nature of y as fee simple, ten estate), if known. ancy by the En	Current value of the portion you own? \$112,500.00 your ownership interest nancy by the entireties, o
1.1	1018 Mellon S Street address, if avail Pittsburgh City Allegheny	t. able, or other des PA	15206-0000	Who Other	Single-fam Duplex or I Condomini Manufactu Land Investmen Timeshare Other has an intel Debtor 1 o Debtor 2 o Debtor 1 a At least on or informatio erty identific	nily home multi-unit building ium or cooperative red or mobile home t property rest in the property? Check one inly inly ind Debtor 2 only ie of the debtors and another in you wish to add about this	Currentire Description a life of Tena Currentire Currentire Description a life of Cisting a life o	ent value of the exproperty? \$225,000.00 ribe the nature of y as fee simple, ten estate), if known. ancy by the En	Current value of the portion you own? \$112,500.0 your ownership interest nancy by the entireties, on tirety

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

Debtor	John F. Hol	ody, Jr.		Case number (if known)	
3. Cars	, vans, trucks, trac	ctors, sport utility ve	hicles, motorcycles		
□ No	,				
■ Ye					
- 16	;5				
3.1 N	_{Make:} Hyundai		Who has an interest in the property? Check one	Do not deduct sec	cured claims or exemptions. Put
	Model: Sonata		_		secured claims on Schedule D: ave Claims Secured by Property.
	Year: 2011		■ Debtor 1 only □ Debtor 2 only		
	Approximate mileage:	91,000	Debtor 1 and Debtor 2 only	Current value of entire property?	the Current value of the portion you own?
(Other information:		☐ At least one of the debtors and another		
	ocation: 1018 N		_	\$5,600	0.00 \$5,600.00
	Pittsburgh PA 15	206	☐ Check if this is community property (see instructions)	Ψ5,000	7.00
■ No)	,	tercraft, fishing vessels, snowmobiles, motorcyc	30000001100	
			n for all of your entries from Part 2, including		\$5,600.00
		onal and Household Ite			
·	Í		terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
Exar		nces, furniture, linens	, china, kitchenware		
			ehold goods, large, and small and appli Mellon St., Pittsburgh PA 15206	ances.	\$2,500.00
<i>Exai</i> □ N	including ce	and radios; audio, vide Il phones, cameras, m	eo, stereo, and digital equipment; computers, pri nedia players, games	inters, scanners; music c	collections; electronic devices
		5 TVs. 2 compu	ters, 3 tablets, cell phone, PS4, and Nint	tendo	
		Switch.	Mellon St., Pittsburgh PA 15206		\$1,250.00
	other collect	d figurines; paintings, ions, memorabilia, co	prints, or other artwork; books, pictures, or other llectibles	r art objects; stamp, coin	, or baseball card collections;
☐ Y	es. Describe				
Exai	musical inst	ographic, exercise, ar	nd other hobby equipment; bicycles, pool tables,	golf clubs, skis; canoes	and kayaks; carpentry tools;

	John F. Hobd	y, Jr. Case number (if kno	own)
		Weights. Location: 1018 Mellon St., Pittsburgh PA 15206	\$100.00
□ No		shotguns, ammunition, and related equipment	
		Glock .26 handgun, and shotgun. Location: 1018 Mellon St., Pittsburgh PA 15206	\$450.00
□ No		nes, furs, leather coats, designer wear, shoes, accessories	
		Dress, work, casual clothes, and shoes. Location: 1018 Mellon St., Pittsburgh PA 15206	\$250.00
□ No	pples: Everyday jew	elry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gen	ns, gold, silver
		Wedding band. Location: 1018 Mellon St., Pittsburgh PA 15206	\$300.00
Exam No Yes. 14. Any o		household items you did not already list, including any health aids you did not lis	st
15. Add		all of your entries from Part 3, including any entries for pages you have attached umber here	\$4,850.00
	escribe Your Financi		
		al Assets gal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
Do you o	wn or have any leg		portion you own? Do not deduct secured claims or exemptions.

☐ No

Debtor 1	John F. Hobdy, Jr.		Case number (if known)	
■ Yes.			Institution name:	
	17.1.	Checking and Savings	PNC Bank Virtual Wallet	\$70.00
	17.2.	Checking	USAA Checking and Savings Account	\$4.00
	17.3.	Credit Union	Pittsburgh Firefighter Credit Union Account	\$801.00
	17.4.	Credit Union	Pittsburgh City Hall Credit Union	\$425.00
	17.5.	Credit Union	Target Credit Union Account	\$6.00
	17.6.	Checking	KeyBank Checking Account, joint with mother.	\$200.00
□ No ■ Yes		Institution or issuer na		\$2,133.94
	<u> </u>	Stash Investment		\$41.59
	-	Otasii iiivostiiiciit i		Ψ+1.00
	oublicly traded stock and venture	interests in incorpora	ated and unincorporated businesses, including an interest in an LL	.C, partnership, and
	. Give specific information Nar	about them me of entity:	% of ownership:	
Nego Non-r	tiable instruments include p	personal checks, cashie	able and non-negotiable instruments ers' checks, promissory notes, and money orders. fer to someone by signing or delivering them.	
■ No □ Yes.	. Give specific information a	about them uer name:		
	ment or pension account aples: Interests in IRA, ERIS		(b), thrift savings accounts, or other pension or profit-sharing plans	
■ Yes.	. List each account separat Type	ely. of account:	Institution name:	
	403(k	b)	ALOM/Pittsburgh Deferred Compensation Plan 403(b)	\$82,672.99
Your		s you have made so th	at you may continue service or use from a company blic utilities (electric, gas, water), telecommunications companies, or oth	ners
■ No □ Yes.			Institution name or individual:	

Deptoi	John F. F	iobay, Jr.	Case number (if knd	own)		
23. A nr ■ N		ct for a periodic payment of money to you, either for life or	for a number of years)			
	o es	Issuer name and description.				
26 U	J.S.C. §§ 530(b)(eation IRA, in an account in a qualified ABLE program, 1), 529A(b), and 529(b)(1).	or under a qualified state tuition	program.		
■ N	o es	Institution name and description. Separately file the recor	rds of any interests.11 U.S.C. § 52	1(c):		
_	•	r future interests in property (other than anything listed	d in line 1), and rights or powers	exercisable for your benefit		
■ N	-	c information about them				
	amples: Internet	s, trademarks, trade secrets, and other intellectual prop domain names, websites, proceeds from royalties and licer	•			
ПΥ	es. Give specific	c information about them				
	77. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses					
ПΥ	es. Give specific	c information about them				
Money	or property ow	ed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.		
28. Tax	refunds owed	to you		·		
■ N □ Y	_	information about them, including whether you already file	d the returns and the tax years			
		e or lump sum alimony, spousal support, child support, mai	ntenance, divorce settlement, prop	perty settlement		
□ Y	es. Give specific	information				
Exa	amples: Unpaid v benefits	neone owes you wages, disability insurance payments, disability benefits, significant significant was a support of the contraction of the contract	ck pay, vacation pay, workers' cor	npensation, Social Security		
■ N □ Y	o es. Give specific	c information				
		nce policies disability, or life insurance; health savings account (HSA); o	credit, homeowner's, or renter's ins	surance		
		surance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:		
		Transamerica Whole Life Insurance Policy, with no current cash value (established in 2019)	Angela Hobdy	\$0.00		
If y sor ■ N	ou are the benef neone has died.	perty that is due you from someone who has died iciary of a living trust, expect proceeds from a life insurance information	e policy, or are currently entitled to	receive property because		

Deb	otor 1	John F. Hobdy, Jr.		Case number (if known)	
		against third parties, whether or not you have filed a law les: Accidents, employment disputes, insurance claims, or rig		and for payment	
		Describe each claim			
_	Other o	contingent and unliquidated claims of every nature, inclu	ding counterclaims o	of the debtor and rights to	set off claims
	☐ Yes.	Describe each claim			
35.	Any fin	ancial assets you did not already list			
	No				
	☐ Yes.	Give specific information			
36.		he dollar value of all of your entries from Part 4, including		-	\$86,654.52
Part	5: Des	scribe Any Business-Related Property You Own or Have an Intere	est In. List any real esta	te in Part 1.	
37. [Do you c	own or have any legal or equitable interest in any business-relate	d property?		
_		to Part 6.	,		
	Yes. G	o to line 38.			
Part		scribe Any Farm- and Commercial Fishing-Related Property You own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	t In.	
46.	Do you	own or have any legal or equitable interest in any farm-	or commercial fishin	g-related property?	
	■ No.	Go to Part 7.			
	☐ Yes.	Go to line 47.			
		-			
Part	7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
	Examp	have other property of any kind you did not already list? les: Season tickets, country club membership	,		
	■ No T Yes	Give specific information			
_	_ 103.	ove specific information		Г	
54.	Add t	he dollar value of all of your entries from Part 7. Write tha	at number here		\$0.00
				L	
Part	8:	List the Totals of Each Part of this Form			
55.		: Total real estate, line 2			\$112,500.00
56.		: Total vehicles, line 5	\$5,600.00		
57.		: Total personal and household items, line 15	\$4,850.00		
58. 59.		: Total financial assets, line 36 : Total business-related property, line 45	\$86,654.52 \$0.00		
60.		: Total farm- and fishing-related property, line 52	\$0.00		
61.		: Total other property not listed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$97,104.52	Copy personal property to	otal \$97,104.52
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$209,604.52

FI	II in this inform	ation to identify your ca	se:			I
De	ebtor 1	John F. Hobdy, Jr.				
_		First Name	Middle Name	ı	Last Name	
	ebtor 2 oouse if, filing)	First Name	Middle Name	ı	Last Name	
Ur	nited States Ban	kruptcy Court for the:	WESTERN DISTRICT OF F	PENN	SYLVANIA	
Ca	ase number					
	known)					Check if this is an amended filing
Ο.	fficial For	m 106C				
			perty You Cla	aim	as Exempt	4/19
the need cass	property you liseded, fill out and se number (if known each item of pecific dollar amy applicable stands—may be unemption to a pathe applicable stands—the	ted on Schedule A/B: Propagation of the state of the spage as mastern). property you claim as expount as exempt. Alternation of the state of the st	perty (Official Form 106A/B) iny copies of Part 2: Addition empt, you must specify the tively, you may claim the ptions—such as those for the the value of the proper as Exempt ming? Check one only, even	as young a same ame ame full far heal nexer ty is o	our source, list the property that you age as necessary. On the top of any ount of the exemption you claim. It market value of the property be lith aids, rights to receive certain is mption of 100% of fair market value determined to exceed that amoun our spouse is filing with you.	additional pages, write your name and One way of doing so is to state a ing exempted up to the amount of penefits, and tax-exempt retirement
	_	iming state and federal no iming federal exemptions.	nbankruptcy exemptions. 11 U.S.C. § 522(b)(2)	11 U.	S.C. § 522(b)(3)	
2			- , , , ,	emnt	, fill in the information below.	
۷.		on of the property and line o	•	•	ount of the exemption you claim	Specific laws that allow exemption
		hat lists this property	portion you own Copy the value from Schedule A/B		eck only one box for each exemption.	
		St. Pittsburgh, PA 15		_	\$7,485.50	11 U.S.C. § 522(d)(1)
	with non-fili	mary residence, on deng wife. Value is home in the od.			100% of fair market value, up to any applicable statutory limit	
		ousehold goods, larg nd appliances.	e, \$2,500.00		\$2,500.00	11 U.S.C. § 522(d)(3)
)18 Mellon St., Pittsbເ	ırgh		100% of fair market value, up to any applicable statutory limit	
		nputers, 3 tablets, cel			\$1,250.00	11 U.S.C. § 522(d)(3)
		, and Nintendo Switch 018 Mellon St., Pittsbu edule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	
	Weights.	040 Mallon Ot Dittel	\$100.00		\$100.00	11 U.S.C. § 522(d)(3)
	Location: 10)18 Mellon St., Pittsbເ	ırgn ———			

PA 15206

Line from Schedule A/B: 9.1

□ 100% of fair market value, up to

any applicable statutory limit

|--|

Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Glock .26 handgun, and shotgun. 11 U.S.C. § 522(d)(5) \$450.00 \$450.00 Location: 1018 Mellon St., Pittsburgh PA 15206 100% of fair market value, up to Line from Schedule A/B: 10.1 any applicable statutory limit Dress, work, casual clothes, and 11 U.S.C. § 522(d)(3) \$250.00 \$250.00 shoes. Location: 1018 Mellon St., Pittsburgh 100% of fair market value, up to PA 15206 any applicable statutory limit Line from Schedule A/B: 11.1 Wedding band. 11 U.S.C. § 522(d)(4) \$300.00 \$300.00 Location: 1018 Mellon St., Pittsburgh PA 15206 100% of fair market value, up to any applicable statutory limit Line from Schedule A/B: 12.1 Cash on debtor. 11 U.S.C. § 522(d)(5) \$300.00 \$300.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit **Checking and Savings: PNC Bank** 11 U.S.C. § 522(d)(5) \$70.00 \$70.00 **Virtual Wallet** Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit Credit Union: Pittsburgh Firefighter 11 U.S.C. § 522(d)(5) \$801.00 \$801.00 **Credit Union Account** Line from Schedule A/B: 17.3 100% of fair market value, up to any applicable statutory limit Credit Union: Pittsburgh City Hall 11 U.S.C. § 522(d)(5) \$425.00 \$425.00 **Credit Union** Line from Schedule A/B: 17.4 100% of fair market value, up to any applicable statutory limit **Credit Union: Target Credit Union** 11 U.S.C. § 522(d)(5) \$6.00 \$6.00 Account Line from Schedule A/B: 17.5 100% of fair market value, up to any applicable statutory limit Checking: KeyBank Checking 11 U.S.C. § 522(d)(5) \$200.00 \$200.00 Account, joint with mother. Line from Schedule A/B: 17.6 100% of fair market value, up to any applicable statutory limit Robinhood Investment Account 11 U.S.C. § 522(d)(5) \$2,133.94 \$2,133.94 Line from Schedule A/B: 18.1

\$41.59

100% of fair market value, up to any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

\$41.59

Stash Investment Account

Line from Schedule A/B: 18.2

11 U.S.C. § 522(d)(5)

De	ebtor 1 John F. Hobdy, Jr.	Case number (if known)				
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	ne Amount of the exemption you claim		Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
	403(b): ALOM/Pittsburgh Deferred Compensation Plan 403(b)	\$82,672.99		\$82,672.99	11 U.S.C. § 522(d)(12)	
	Line from Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit		
	Transamerica Whole Life Insurance Policy, with no current cash value	\$0.00		\$0.00	11 U.S.C. § 522(d)(8)	
	(established in 2019) Beneficiary: Angela Hobdy Line from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit		
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every			led on or after the date of adjustmer	nt.)	
	■ No					
	☐ Yes. Did you acquire the property cover	ed by the exemption wi	thin 1	,215 days before you filed this case	?	
	□ No			· · ·		

☐ Yes

Fill in this informati	ion to identify you	ır case:					
	John F. Hobdy,			_			
	First Name	Middle Name Last Name					
Debtor 2 (Spouse if, filing)	First Name	Middle Name Last Name		-			
(Spouse II, IIIIIIg)	i iist ivaille	Wildle Name Last Name					
United States Bankru	uptcy Court for the	WESTERN DISTRICT OF PENNSYLVANIA		-			
Case number							
(if known)				☐ Check	if this is an		
				amend	ded filing		
Official Form 1	06D						
Schedule D	: Creditors	Who Have Claims Secure	d by Propert	V	12/15		
		W					
		If two married people are filing together, both are e out, number the entries, and attach it to this form. C					
1. Do any creditors hav	e claims secured b	y your property?					
□ No. Check thi	s box and submit t	his form to the court with your other schedules.	ou have nothing else	to report on this form.			
Voc Fill in all	of the information	holow	· ·	,			
		below.					
Part 1: List All S	ecured Claims		Column A	Column B	Column C		
		more than one secured claim, list the creditor separatels a particular claim, list the other creditors in Part 2. As	y Amount of claim	Value of collateral	Unsecured		
		cal order according to the creditor's name.	Do not deduct the	that supports this	portion		
O.4 First Nations	l Dank	Describe the manual that account the claim.	value of collateral.	claim	If any		
2.1 First Nationa Creditor's Name	II Bank	Describe the property that secures the claim:	\$4,720.00	\$5,600.00	\$0.00		
Oreditor 3 realife		2011 Hyundai Sonata 91,000 miles Location: 1018 Mellon St.,					
Arr. D. I.		Pittsburgh PA 15206					
Attn: Bankru 3015 Glimch		As of the date you file, the claim is: Check all that					
Hermitage, P		apply.					
Number, Street, City		Contingent					
Number, Street, City	, State & Zip Code	☐ Unliquidated ☐ Disputed					
Who owes the debt?	Check one.	Nature of lien. Check all that apply.					
■ Debtor 1 only		☐ An agreement you made (such as mortgage or se	cured				
Debtor 2 only		car loan)	, our ou				
Debtor 1 and Debtor	r 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)					
☐ At least one of the d	• •	☐ Judgment lien from a lawsuit	_				
☐ Check if this claim		5	Money Security				
community debt		— Other (including a right to offset)	, ,				
	Opened						
	2/02/18						
	Last Active	Last 4 digits of account number 0218					
Date debt was incurre	d 07/21	Last 4 digits of account number 0218					

Date debt was incurred 07/21

Debtor 1 John F. Hobdy, Jr.		Case number (if known)					
First Name Middle Na	ame Last Name						
2.2 Flagstar Bank	Describe the property that secures the claim:	\$210,029.00	\$225,000.00	\$0.00			
Attn: Bankruptcy 5151 Corporate Drive Troy, MI 48098	1018 Mellon St. Pittsburgh, PA 15206 Allegheny County Debtor's primary residence, on deed with non-filing wife. Value is comparable home in the neighborhood. As of the date you file, the claim is: Check all that apply. □ Contingent		,				
Number, Street, City, State & Zip Code	Unliquidated						
Who owes the debt? Check one.	Disputed Nature of lien. Check all that apply.						
☐ Debtor 1 only ☐ Debtor 2 only	☐ An agreement you made (such as mortgage or secured car loan)						
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien	☐ Statutory lien (such as tax lien, mechanic's lien)					
At least one of the debtors and another	☐ Judgment lien from a lawsuit						
☐ Check if this claim relates to a community debt	Other (including a right to offset) Mortgag	je					
Opened 02/18 Last Date debt was incurred Active 07/21	Last 4 digits of account number 713	34					
Add the dollar value of your entries in C If this is the last page of your form, add Write that number here:	olumn A on this page. Write that number here: the dollar value totals from all pages.	\$214,749. \$214,749.					

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this i	nformation to identify your	case:			
Debtor 1	John F. Hobdy, Jr	•			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing) First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the:	WESTERN DISTRICT	OF PENNSYLVANIA		
Case numbe	er				
(if known)					Check if this is an amended filing
O(() - 1 - 1 - 1	T 400F/F				amonada ming
	form 106E/F	lha Haya Unasa	urad Claima		12/15
	e E/F: Creditors W				PRIORITY claims. List the other party t
Schedule D: C eft. Attach the name and cas		ured by Property. If more s e. If you have no informati	space is needed, copy	the Part you need, fill it out, n	icured claims that are listed in umber the entries in the boxes on the p of any additional pages, write your
	reditors have priority unsecure				
_ `	o to Part 2.	a diamid agamet you.			
☐ Yes.	O to Fait 2.				
☐ Yes.					
Part 2: L	ist All of Your NONPRIORIT	Y Unsecured Claims			
Yes. 4. List all or unsecure		aims in the alphabetical or / for each claim. For each cl	der of the creditor who aim listed, identify what t	holds each claim. If a creditor	r has more than one nonpriority ms already included in Part 1. If more ims fill out the Continuation Page of
r art 2.					Total claim
Λος	solrated Inventory Manag	.omont			
4.1 LL (celrated Inventory Manag		ts of account number	2317	\$27,883.16
	oriority Creditor's Name 5 West Highway 290	When was	the debt incurred?	2021	
	te 103				
	stin, TX 78735 ber Street City State Zip Code	As of the d	ate you file, the claim	e: Chook all that apply	
	incurred the debt? Check one.	AS OF THE C	ate you me, the claim	s. Check all that apply	
_	Debtor 1 only	☐ Conting	ent		
_	Debtor 2 only	☐ Unliquid			
_	Debtor 1 and Debtor 2 only	☐ Dispute			
	t least one of the debtors and and	_ `	u ONPRIORITY unsecure	d claim:	
	theck if this claim is for a comr				
debt		iluliity		ration agreement or divorce tha	t you did not
Is th	e claim subject to offset?		iority claims		•
■ N	No	☐ Debts to	pension or profit-sharing	g plans, and other similar debts	
ΠY	'es	Other. S	Specify Collections	s .	

Debto	r 1 _John F. Hobdy, Jr.							
4.2	Barclays Bank Delaware	Last 4 digits of account number	4314	\$4,862.00				
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 8801 Wilmington, DE 19899	When was the debt incurred?	Opened 03/19 Last Active 06/21					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts					
	Yes	Other. Specify Credit Card	<u> </u>					
4.3	Capital One	Last 4 digits of account number	8588	\$5,022.00				
	Nonpriority Creditor's Name Attn: Bankruptcy		Opened 11/15 Last Active					
	Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	06/21					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply					
	Debtor 1 only	☐ Contingent						
	Debtor 2 only		☐ Unliquidated ☐ Disputed					
	☐ Debtor 1 and Debtor 2 only	_ '						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured						
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims						
	No	Debts to pension or profit-sharing						
	□Yes	Other. Specify Credit Card	<u> </u>					
4.4	Capital One	Last 4 digits of account number	0976	\$4,297.00				
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285	When was the debt incurred?	Opened 12/15 Last Active 06/21					
	Salt Lake City, UT 84130							
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply					
	Who incurred the debt? Check one.	_						
	Debtor 1 only	Contingent						
	Debtor 2 only	Unliquidated						
	☐ Debtor 1 and Debtor 2 only							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	a ciaim:					
	☐ Check if this claim is for a community debt	lacksquare Obligations arising out of a separation agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin	a plane, and other similar data-					
	■ No							
	☐ Yes	■ Other. Specify Credit Card	I					

Debt	or 1 John F. Hobdy, Jr.		Case number (if known)				
4.5	Capital One	Last 4 digits of account number	1820	\$110.00			
	Nonpriority Creditor's Name AttnL: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 09/16 Last Active 06/21				
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	☐ Yes	Other. Specify Credit Card	<u> </u>				
4.6	Chase Card Services Nonpriority Creditor's Name	Last 4 digits of account number	4392	\$6,016.00			
	Attn: Bankruptcy Po Box 15298	When was the debt incurred?	Opened 01/16 Last Active 06/21				
	Wilmington, DE 19850 Number Street City State Zip Code	As of the date you file, the claim	in Check all that apply				
	Who incurred the debt? Check one.	As of the date you file, the claim	s. Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt		ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	■ No	☐ Debts to pension or profit-sharin					
	Yes	Other. Specify Credit Card	<u> </u>				
4.7	Chase Card Services	Last 4 digits of account number	5346	\$4,578.00			
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 15298	When was the debt incurred?	Opened 01/16 Last Active 07/21				
	Wilmington, DE 19850 Number Street City State Zip Code	As of the date you file, the claim	is: Chack all that apply				
	Who incurred the debt? Check one.	As of the date you me, the claim	S. Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	□ Yes	■ Other Specify Credit Card					
		- Other opening	<u> </u>				

Debtor	1 John F. Hobdy, Jr.		Case number (if known)	
.8	Citibank	Last 4 digits of account number	8210	\$1,529.00
	Nonpriority Creditor's Name Citicorp Credit Srvs/Centralized Bk dept Po Box 790034 St Louis, MO 63179 Number Street City State Zip Code	When was the debt incurred?	Opened 10/18 Last Active 5/24/21	
	Who incurred the debt? Check one.	As of the date you file, the claim i	s: Спеск ан that арру	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	■ Other. Specify Credit Card	<u> </u>	
.9	Comenity Bank/Kay Jewelers Nonpriority Creditor's Name	Last 4 digits of account number	5597	\$1,447.00
	Attn: Bankruptcy Po Box 182125 Columbus, OH 43218	When was the debt incurred?	Opened 02/16 Last Active 6/01/21	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
1	EdFinancial Services	Last 4 digits of account number	6399	\$3,152.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 36008 Knoxville, TN 37930	When was the debt incurred?	Opened 09/20 Last Active 6/30/21	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	□ Yes	Other. Specify	•	
		Educationa	 II	

John F. Hobdy, Jr.		Case number (if known)	
EdFinancial Services	Last 4 digits of account number	7399	\$1,662.0
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 36008 Knoxville, TN 37930 Number Street City State Zip Code	When was the debt incurred? As of the date you file, the claim i	Opened 05/21 Last Active 6/30/21	
Who incurred the debt? Check one.	As of the date you me, the claim i	s. Спеск ан тлат арріу	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	Other. Specify		
	Educationa	ıl	
Key Bank	Last 4 digits of account number	2313	\$929.0
Nonpriority Creditor's Name Attn: Bankruptcy Oh-01-51-0622 4910 Tiedman Rd. Brooklyn, OH 44144	When was the debt incurred?	Opened 11/10 Last Active 7/06/21	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	■ Other. Specify Credit Card	<u> </u>	
KeyBank/US Bank/CC	Last 4 digits of account number	0272	\$3,538.0
Nonpriority Creditor's Name Attn: Bankruptcy 4910 Tiedeman Road Brooklyn, OH 44144	When was the debt incurred?	Opened 11/11 Last Active 6/01/21	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
\square Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
□Yes	■ Other, Specify Check Cred	dit Or Line Of Credit	

Debt	or 1 John F. Hobdy, Jr.		Case number (if known)					
4.1 4	PNC Bank	Last 4 digits of account number	9577	\$4,095.00				
-	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 94982: Mailstop Br-Yb58-01-5 Cleveland, OH 44101	When was the debt incurred?	Opened 07/07 Last Active 06/21	. ,				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply					
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts					
	Yes	Other. Specify Credit Card	<u> </u>					
4.1 5	Synchrony Bank/Sams Nonpriority Creditor's Name	Last 4 digits of account number	3190	\$931.00				
	Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 04/16 Last Active 6/02/21					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply					
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not					
	No	Debts to pension or profit-sharin	a plane, and other similar debts					
		· ·	• •					
	Yes	Other. Specify Charge Acc	count					
4.1 6	Usaa Federal Savings Bank Nonpriority Creditor's Name	Last 4 digits of account number	3478	\$1,640.00				
	Attn: Bankruptcy 10750 McDermott Freeway San Antonio, TX 78288	When was the debt incurred?	Opened 07/18 Last Active 06/21					
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply					
	Who incurred the debt? Check one.							
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Debtor 2 only ☐ Unliquidated						
	Debtor 1 and Debtor 2 only							
	lacksquare At least one of the debtors and another							
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts					
	☐Yes	■ Other. Specify Credit Card	I					

Part 3: List Others to Be Notified About a Debt That You Already Listed

Debtor 1	John F. Hobdy, Jr.	Case number (if known)	

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

Demetrios Tsarouhis, Esq.
21 S. 9th Street

Allentown, PA 18102

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.1** of (*Check one*):

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2317

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 4,814.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that		
Hom Fart 2	og.	you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 66,877.16
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 71,691.16

ition to identify your o	case:				
John F. Hobdy, Jr	r.				
First Name	Middle Name	Last Name			
First Name	Middle Name	Last Name			
ruptcy Court for the:	WESTERN DISTRICT O	OF PENNSYLVANIA			
					Check if this is an amended filing
	John F. Hobdy, Ji First Name	John F. Hobdy, Jr. First Name Middle Name First Name Middle Name	John F. Hobdy, Jr. First Name Middle Name Last Name First Name Middle Name Last Name	John F. Hobdy, Jr. First Name Middle Name Last Name First Name Middle Name Last Name	John F. Hobdy, Jr. First Name Middle Name Last Name First Name Middle Name Last Name cruptcy Court for the: WESTERN DISTRICT OF PENNSYLVANIA

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company wit	h whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.4	•				
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	

Fill in this	information to identify you	r case:			
Debtor 1	John F. Hobdy,	Jr.			
D 14 0	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	ng) First Name	Middle Name	Last Name		
United Stat	tes Bankruptcy Court for the:	WESTERN DISTRICT (OF PENNSYLVANIA		
			<u>-</u>		
Case numb	ber				☐ Check if this is an amended filing
					amondod ming
Official	l Form 106H				
Sched	lule H: Your Cod	debtors			12/15
	and case number (if known you have any codebtors? (as a codebtor.	
■ No □ Yes	3				
	hin the last 8 years, have yo a, California, Idaho, Louisian				ates and territories include
		-,		g,	
	Go to line 3. 5. Did your spouse, former spouse,	ougo, or logal aguivalent live	with you at the time?		
□ res	s. Dia your spouse, former sp	ouse, or legal equivalent live	e with you at the time?		
in line Form out Co	: 2 again as a codebtor only 106D), Schedule E/F (Offici olumn 2.	if that person is a guaran	tor or cosigner. Make	sure you have listed the c 16G). Use Schedule D, Sch	ith you. List the person shown reditor on Schedule D (Official nedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and	ZIP Code		Check all schedules th	or to whom you owe the debt nat apply:
2.4				Cabadula D lina	
3.1	Name			_ ☐ Schedule D, line ☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street			_	
(City	State	ZIP Code		
3.2				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
ī	Number Street			_	
(City	State	ZIP Code		

							_				
Fill	in this information to identify your ca	ase:									
Del	btor 1 John F. Hob	dy, Jr.				_					
	btor 2					_					
Uni	ited States Bankruptcy Court for the	: WESTERN DISTRICT	OF PENI	NSYLVANI	A						
l	se number nown)		-				☐ An ☐ A s		nt shov	wing postpetition e following date:	
O	fficial Form 106I									e following date.	
	chedule I: Your Inc	ome					IVIIV	1 / DD/ Y`	YYY		12/15
sup spo atta	as complete and accurate as possible plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	are married and not filing wi	ng jointly, ith you, do	and your	spouse de infor	is liv mati	ing with yon about y	ou, inclu our spo	ide info use. If	ormation about more space is	your needed,
1.	Fill in your employment information.		Debtor	1			ı	Debtor 2	or non	n-filing spouse	
	If you have more than one job,	Employment status	■ Emp	■ Employed				■ Employed			
	attach a separate page with information about additional	Employment status	□ Not €	employed			[☐ Not en	nployed	d	
	employers.	Occupation	Param	edic				CNA			
	Include part-time, seasonal, or self-employed work.	Employer's name	City of	Pittsburg	gh			JPMC			
	Occupation may include student or homemaker, if it applies.	Employer's address	Suite 4	ant St. I31 urgh, PA	15219			310 Fisk Pittsbur		A 15224	
		How long employed to	here?	15 year	s			3	years	i	
Pai	rt 2: Give Details About Mor	nthly Income									
	mate monthly income as of the dause unless you are separated.	•	you have r	nothing to re	eport for	any	line, write \$	60 in the s	space.	Include your no	n-filing
	ou or your non-filing spouse have mo e space, attach a separate sheet to		ombine the	informatio	n for all e	empl	oyers for th	at persor	n on the	e lines below. If	you need
							For Debt	or 1		Debtor 2 or filing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,				2.	\$	10,3	88.15	\$	2,925.61	
3.	Estimate and list monthly overt	ime pay.			3.	+\$		0.00	+\$	0.00	
4.	Calculate gross Income. Add lir	ne 2 + line 3.			4.	\$	10,388	3.15	\$	2,925.61	

Deb	tor 1	John F. Hobdy, Jr.		_		Case	e number (if	knov	vn)	_			
						Fo	r Debtor 1				or Debtor	spouse	
	Copy	y line 4 here		4.		\$_	10,38	38.1	15	\$	2	,925.61	_
5.	List	all payroll deductions:											
	5a.	Tax, Medicare, and Social Securi	ity deductions	5a	a.	\$	2,91	8.5	59	\$;	639.25	
	5b.	Mandatory contributions for retir	rement plans	5b	b.	\$		27.8		\$		0.00	_
	5c.	Voluntary contributions for retire	ement plans	50	C.	\$	81	7.1	18	\$	-	146.27	_
	5d.	Required repayments of retirement	ent fund loans	50	d.	\$		0.0	00	\$		0.00	_
	5e.	Insurance		5€		\$_	2,12	25.7	72	\$		0.00	_
	5f.	Domestic support obligations		5f		\$_		0.0		\$		0.00	_
	5g.	Union dues	_	50	_	\$_)4.(\$		0.00	_
	5h.	Other deductions. Specify: Life	e insurance	5h	h.+	\$_	23	33.5	50	+ \$		0.00	=
6.	Add	the payroll deductions. Add lines	5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	6,42	26.8	34	\$		785.52	_
7.	Calc	ulate total monthly take-home pay	. Subtract line 6 from line 4.	7.		\$_	3,96	31.3	31	\$	2	,140.09	_
8.	8b. 8c.	regularly receive	and from operating a business, ty and business showing gross	8a 8b		\$_ \$_		0.0		\$		0.00	_
		settlement, and property settlemen	t.	80		\$_		0.0	_	\$		0.00	_
	8d.	Unemployment compensation		80		\$_		0.0	_	\$		0.00	_
	8e. 8f.		alue (if known) of any non-cash assistance nps (benefits under the Supplemental	8f	f.	\$_ \$_		0.0	00	\$		0.00	-
	8g.	Pension or retirement income		80	g.	\$_		0.0	00	\$		0.00	_
	8h.	Other monthly income. Specify:	Veteran's Administration School Stipend	8h	h.+	\$_	92	21.0	00	+ \$	i	0.00	_
9.	Add	all other income. Add lines 8a+8b-	+8c+8d+8e+8f+8g+8h.	9.		\$	92	21.0	00	\$		0.0	0
10.		rulate monthly income. Add line 7-the entries in line 10 for Debtor 1 and		10.	\$		4,882.31	+	\$		2,140.09	= \$	7,022.40
11.	Inclu othe	de contributions from an unmarried prefriends or relatives. ot include any amounts already inclu	the expenses that you list in Schedule partner, members of your household, your ded in lines 2-10 or amounts that are not	depe									0.00
12.		e that amount on the Summary of Sc	ine 10 to the amount in line 11. The real hedules and Statistical Summary of Certa									\$	7,022.40
												Combine month!	ned y income

page 2

13. Do you expect an increase or decrease within the year after you file this form?

Yes. Explain:

Fill	in this information to identify your case:				
Deb	John F. Hobdy, Jr.		Chec	k if this is:	
Doh	otor 2		_	An amended filing	ving poetpotition aboutor
	ouse, if filing)			A supplement snov	ving postpetition chapter the following date:
Unit	ted States Bankruptcy Court for the: WESTERN DISTRICT OF PENNS	SYLVANIA	Ī	MM / DD / YYYY	
Cas	se number				
(If k	nown)				
0	fficial Form 106J				
	chedule J: Your Expenses				12/15
Be	as complete and accurate as possible. If two married people are primation. If more space is needed, attach another sheet to this famber (if known). Answer every question.	e filing together, both form. On the top of ar	n are equa ny additio	ally responsible fo nal pages, write y	or supplying correct your name and case
Par 1.	t 1: Describe Your Household Is this a joint case?				
١.	No. Go to line 2.				
	☐ Yes. Does Debtor 2 live in a separate household?				
	☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i>	for Separate Househo	old of Debt	or 2.	
2.	Do you have dependents? ☐ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2	ship to	Dependent's age	Does dependent live with you?
	Do not state the	_			□ No
	dependents names.	Son		2	■ Yes
		Son		8	□ No ■ Yes
					□ No
		Daughter		10	Yes
		Daughter		15	□ No ■ Yes
3.	Do your expenses include ■ No				— 163
	expenses of people other than yourself and your dependents?				
	t 2: Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless your			anlamant in a Cha	
exp	timate your expenses as or your bankruptcy filing date unless your bankruptcy is filed. If this is a suppolicable date.				
	lude expenses paid for with non-cash government assistance if				
	ficial Form 106I.)	our income		Your expe	enses
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgage	4. \$		0.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	Home maintenance, repair, and upkeep expenses Homeowner's association or condominium dues		4c. \$ 4d. \$		100.00
5.	Additional mortgage payments for your residence, such as ho	me equity loans	4u. \$ 5. \$		0.00

Debtor 1	John F. I	Hobdy, Jr.	Case nun	nber (if known)	
S. Util	ities:				
6a.		heat, natural gas	6a.	. \$	310.00
6b.		ver, garbage collection	6b.	· -	135.00
6c.		e, cell phone, Internet, satellite, and cable service		:	430.00
6d.	Other. Spe		6d.	· · · · · · · · · · · · · · · · · · ·	0.00
	•	ekeeping supplies		*	1,300.00
		hildren's education costs	8.	·	0.00
		ry, and dry cleaning	9.	·	150.00
	-	roducts and services	10.	· · · · · · · · · · · · · · · · · · ·	250.00
	•	ntal expenses	10.	· <u> </u>	
		•	11.	. Ф	75.00
	not include ca	Include gas, maintenance, bus or train fare.	12.	\$	300.00
		clubs, recreation, newspapers, magazines, ar		·	150.00
		ributions and religious donations	14.	·	0.00
	urance.	indutions and religious donations	14.	Ψ	0.00
		surance deducted from your pay or included in li	nes 4 or 20		
	. Life insura	, , ,	15a.	\$	200.00
	. Health ins		15b.	·	0.00
	. Vehicle ins		15c.	· · · · · · · · · · · · · · · · · · ·	266.00
			15d.	· -	
		rance. Specify:		. \$	0.00
		clude taxes deducted from your pay or included		¢	0.00
	cify:	and an extra contract of the c	16.	. \$	0.00
		ease payments: ents for Vehicle 1	17a.	¢	0.00
		ents for Vehicle 2	17a. 17b.	·	
				·	0.00
		Non-filing wife car payment	17c.	·	403.83
	. Other. Spe		17d.	\$ <u> </u>	0.00
		of alimony, maintenance, and support that yo		. \$	0.00
ded	lucted from y	your pay on line 5, Schedule I, Your Income (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· -	
		you make to support others who do not live		\$	0.00
	cify:	nutri armamana mat imali dad in linea 4 au 5 af 4	19.		
		erty expenses not included in lines 4 or 5 of the on other property	nis form or on <i>Schedule I: Y</i> 20a.		0.00
					0.00
	. Real estate		20b.	·	0.00
		nomeowner's, or renter's insurance	20c.	· -	0.00
		ce, repair, and upkeep expenses	20d.	· <u> </u>	0.00
20e	. Homeown	er's association or condominium dues	20e.	·	0.00
. Oth	er: Specify:	Gym membership	21.	. +\$	20.00
Cal	ouloto vour r	monthly expenses			
	. Add lines 4	• •		· c	4 000 00
		•	#:-:-! F 400 0	\$	4,089.83
		2 (monthly expenses for Debtor 2), if any, from O	miciai Form 106J-2	\$	
22c	. Add line 22a	a and 22b. The result is your monthly expenses.		\$	4,089.83
Cal	culate vour r	monthly net income.			
	-	12 (your combined monthly income) from Schedu	ıle I. 23a.	¢	7,022.40
		monthly expenses from line 22c above.	23b.		
230	. Copy your	monthly expenses from line 22c above.	230.	· -⊅	4,089.83
230	Subtract v	our monthly expenses from your monthly income			
230		our monthly expenses from your monthly income is your monthly net income.	23c.	. \$	2,932.57
	THE TESUIT	to your monthly not moonle.			
		an increase or decrease in your expenses with			
		u expect to finish paying for your car loan within the year	r or do you expect your mortgage	payment to increase	or decrease because of a
		terms of your mortgage?			
	No.				
	Yes.	Explain here:			

Fill in this in	formation to identify your-	rase:					
Fill in this information to identify your case:							
Debtor 1	John F. Hobdy, J	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States	Bankruptcy Court for the:	WESTERN DISTRICT	OF PENNSYLVANIA				
Case number					☐ Check if this is an amended filing		
	orm 106Dec ation About a	ın Individua	l Debtor's Sch	nedules	12/15		
obtaining mo years, or both		connection with a ban	s or amended schedules. Mikruptcy case can result in		nt, concealing property, or r imprisonment for up to 20		
Did you	pay or agree to pay some	one who is NOT an atto	rney to help you fill out bar	nkruptcy forms?			
■ No							
☐ Yes	s. Name of person				each Bankruptcy Petition Preparer's Notice, eclaration, and Signature (Official Form 119)		
	enalty of perjury, I declare vare true and correct.	that I have read the sun	nmary and schedules filed	with this declaration a	nd		
X /s/ J	John F. Hobdy, Jr.		X				
Joh	n F. Hobdy, Jr. ature of Debtor 1		Signature of D	ebtor 2			
Date	July 26, 2021		Date				

Fil	l in this inforn	nation to identify you	r case:						
De	btor 1	John F. Hobdy,							
De	btor 2	First Name	Middle Name	Last Name					
1	ouse if, filing)	First Name	Middle Name	Last Name					
Un	ited States Bai	nkruptcy Court for the:	WESTERN DISTRICT OF	PENNSYLVANIA					
1	se number					check if this is an			
					a	mended filing			
Oi	fficial Fo	rm 107							
			Affairs for Individ	duals Filing for B	ankruptcy	4/19			
info	ormation. If m		attach a separate sheet to		equally responsible for sup y additional pages, write you				
Pa	rt 1: Give D	Petails About Your Ma	arital Status and Where You	Lived Before		-			
1.	What is you	r current marital statu	ıs?						
	■ Married□ Not mar	ried							
2.	During the la	ast 3 years, have you	lived anywhere other than v	where you live now?					
	■ No □ Yes. Lis	_ `							
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	ldress:	Dates Debtor 2 lived there			
3. stat					ity property state or territory				
	■ No								
	☐ Yes. Ma	ke sure you fill out Sci	hedule H: Your Codebtors (Of	ficial Form 106H).					
Pa	rt 2 Explai	n the Sources of You	r Income						
4.	Fill in the tota	al amount of income yo	nployment or from operating ou received from all jobs and a have income that you receive	all businesses, including part		ndar years?			
	□ No								
	Yes. Fill	in the details.							
			Debtor 1		Debtor 2				
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)			
From January 1 of current year until the date you filed for bankruptcy:			■ Wages, commissions, bonuses, tips	\$71,918.32	☐ Wages, commissions, bonuses, tips				
			☐ Operating a business		☐ Operating a business				

Official Form 107

Debtor 1 John F. Hobdy, Jr. Case				Case number (if i	e number (if known)				
	Debtor		Debtor 1	1			Debtor 2		
				Sources of income Check all that app		Gross income (before deductions and exclusions)	Sources	of income that apply.	Gross income (before deductions and exclusions)
			■ Wages, committee was bonuses, tips	issions,	\$102,122.0	0 ☐ Wages bonuses,	s, commissions, tips		
				☐ Operating a bu	ısiness		☐ Operat	ting a business	
		dar year bet December 3		■ Wages, commi	issions,	\$105,709.0	0 ☐ Wages bonuses,	s, commissions, tips	
				☐ Operating a bu	siness		☐ Operat	ting a business	
wii	nnings. st each s	f you are fili	ng a joint cas	se and you have inc	ome that you	t; dividends; money co i received together, list y. Do not include incom	it only once und	der Debtor 1.	d gambling and lottery
				Debtor 1			Debtor 2		
				Sources of income Describe below.		Gross income from each source (before deductions and exclusions)	Describe	of income below.	Gross income (before deductions and exclusions)
Part 3:	List	Certain Pa	yments You	Made Before You	Filed for Ba	nkruptcy			
6. Ar □	l No.	Neither De individual puring the During the No. Yes	ebtor 1 nor I orimarily for a 90 days befo Go to line 7 List below o paid that or not include to adjustmen	n personal, family, or ore you filed for bank '. each creditor to who editor. Do not includ payments to an atto	rily consum: household p kruptcy, did y m you paid a le payments briney for this ery 3 years a	er debts. Consumer depurpose." You pay any creditor a total of \$6,825* or most for domestic support of bankruptcy case. Ifter that for cases filed	total of \$6,825* ore in one or mo bligations, such	or more? re payments and t as child support a	and alimony. Also, do
_	165.					ou pay any creditor a t	total of \$600 or	more?	
		□ No.	Go to line 7						
		■ Yes	include pay		support oblig	a total of \$600 or more gations, such as child s			t creditor. Do not include payments to an
С	Creditor's Name and Address		Dates	of payment	Total amount paid			payment for	
First National Bank Attn: Bankruptcy 3015 Glimcher Blvd. Hermitage, PA 16148			nthly car ents of 92.	\$806.76	\$4,720	■ Car □ Credit (Card epayment ers or vendors		

	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pa	ayment for	
	Flagstar Bank Attn: Bankruptcy 5151 Corporate Drive Troy, MI 48098	3 monthly mortgage payment of \$1,436.69.	\$4,310.07	\$210,029.00	■ Mortgag □ Car □ Credit C □ Loan Re □ Supplier □ Other	ard payment s or vendors	
7.	Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1' alimony.	rtners; relatives of any gen- control, or owner of 20% of	eral partners; partner r more of their votin	erships of which yo g securities; and ar	u are a gener ny managing a	al partner; corporations agent, including one for	
	■ No□ Yes. List all payments to an insider.						
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment	
8.	Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cosi No Yes. List all payments to an insider	., , , , , , , , , , , , , , , , , , ,	ments or transfer a	any property on a	ccount of a d	ebt that benefited an	
	Insider's Name and Address	Dates of payment	Total amount	Amount you	Reason for	this payment	
			paid	still owe	Include cred	ditor's name	
Par	t 4: Identify Legal Actions, Repossession	s, and Foreclosures					
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No Yes, Fill in the details.						
	Case title Case number	Nature of the case	Court or agency		Status of the case		
	Accelarated Inventory Management, LLC as assignee of WebBank vs. John Hobdy AR-21-002317	Civil	Allegheny Court of Common Pleas 437 Grant Street #300 Pittsburgh, PA 15219		■ Pending □ On appeal □ Concluded		
					To be stay	ed by filing	
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11.		rty repossessed, f	foreclosed, garnis	hed, attache	d, seized, or levied?	
	Yes. Fill in the information below. Creditor Name and Address	Describe the Property		Date		Value of the	
		Explain what happened				property	
		Explain what happened					

Case number (if known)

Debtor 1 **John F. Hobdy, Jr.**

11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? ■ No □ Yes. Fill in the details.							
	Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount				
12.	Within 1 year before you filed for bankru court-appointed receiver, a custodian, or □ No □ Yes	ptcy, was any of your property in the possession of an anather official?	assignee for the ben	efit of creditors, a				
Par	t 5: List Certain Gifts and Contribution	s						
13.	Within 2 years before you filed for bankro No Yes. Fill in the details for each gift.	uptcy, did you give any gifts with a total value of more t	han \$600 per person	?				
	Gifts with a total value of more than \$60 per person Person to Whom You Gave the Gift and Address:	0 Describe the gifts	Dates you gave the gifts	Value				
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution.							
	Gifts or contributions to charities that t more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code	ŕ	Dates you contributed	Value				
Par	t 6: List Certain Losses							
15.	Within 1 year before you filed for bankru or gambling?	ptcy or since you filed for bankruptcy, did you lose any	thing because of the	ft, fire, other disaster,				
	Yes. Fill in the details.	Describes and the second of th	D-11-11	Walan of				
	Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost				

Case number (if known)

Debtor 1 **John F. Hobdy, Jr.**

Debtor 1 John F. Hobdy, Jr. Case number (if known)

Par	t 7: List Certain Payments or Transfers									
16.	6. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.									
	□ No ■ Yes. Fill in the details.									
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and vatransferred	llue of any proper	ty	Date payment or transfer was made	Amount of payment				
	Matthew M Brennan, Esq. 201 S. Highland Ave. Suite 201 Pittsburgh, PA 15206 attorneymatthewbrennan@gmail.com	\$5,000.00 legal for fees and court or before filing as regoing towards for going towards for Remaining \$4,500 attorney fees will Chapter 13 plan.	osts. \$1,500.00 etainer, with \$1, egal fees, and \$5 ling fee and cos 0.00 in "no-look I be paid throug	paid ,000.00 500.00 sts. «"	7/14/21- \$1,500.00,	\$1,000.00				
17.	Within 1 year before you filed for bankruptcy, di promised to help you deal with your creditors on Do not include any payment or transfer that you list	r to make payments			r transfer any proper	ty to anyone who				
	■ No □ Yes. Fill in the details.									
	Person Who Was Paid Address	Description and vatransferred	llue of any proper	ty	Date payment or transfer was made	Amount of payment				
 Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. 										
	Yes. Fill in the details.									
	Person Who Received Transfer Address	Description and va			ny property or received or debts change	Date transfer was made				
19.	Within 10 years before you filed for bankruptcy,	_				of which you are a				
	Name of trust	Description and va	lue of the propert	y transferre	ed	Date Transfer was				
Dat	4 9. List of Contain Financial Associate Instrum	mente Safa Danasit	Davas and Stars	na Ilmita		made				
20.	List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units . Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.									
	■ No □ Yes. Fill in the details.									
	Name of Financial Institution and Las	st 4 digits of count number	Type of account of instrument	clos	e account was sed, sold, ved, or	Last balance before closing or transfer				

transferred

Debtor 1 **John F. Hobdy, Jr.** Case number (if known)

21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?								
		No Yes. Fill in the details.							
		e of Financial Institution 'ess (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	De	scribe the contents	Do you still have it?			
22.	Have	you stored property in a storage unit or pl	ace other than your home within 1	yea	ar before you filed for bankruptcy	?			
		No							
	□ \	es. Fill in the details.							
		e of Storage Facility Pess (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	De	scribe the contents	Do you still have it?			
Par	t 9:	Identify Property You Hold or Control for	Someone Else						
23.	•	ou hold or control any property that someo meone.	ne else owns? Include any proper	ty y	ou borrowed from, are storing for	, or hold in trust			
		No							
	□ \	es. Fill in the details.							
		er's Name 'ess (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	De	scribe the property	Value			
Par	t 10:	Give Details About Environmental Informa	ation						
For	the pu	rpose of Part 10, the following definitions	apply:						
	toxic regula	onmental law means any federal, state, or substances, wastes, or material into the a ations controlling the cleanup of these sub	ir, land, soil, surface water, ground ostances, wastes, or material.	lwa	ter, or other medium, including st	atutes or			
_		neans any location, facility, or property as n, operate, or utilize it, including disposal		aw,	whether you now own, operate, o	or utilize it or used			
		rdous material means anything an environ dous material, pollutant, contaminant, or s		wa	ste, hazardous substance, toxic s	ubstance,			
Rep	ort all	notices, releases, and proceedings that yo	ou know about, regardless of when	the	ey occurred.				
24.	Has a	ny governmental unit notified you that you	ı may be liable or potentially liable	und	der or in violation of an environme	ental law?			
		No							
	□ <i>\</i>	es. Fill in the details.							
		e of site less (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	t	Environmental law, if you know it	Date of notice			
25.	Have	you notified any governmental unit of any	release of hazardous material?						
		No							
	□ \	es. Fill in the details.							
		e of Site 'ess (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	t	Environmental law, if you know it	Date of notice			

26.	. Have you been a party in any judicial or adr	ministrative proceeding under any envi	ronmental law? Include settlemen	ts and orders.	
	■ No				
	Yes. Fill in the details.				
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case	
Pai	art 11: Give Details About Your Business or	·			
	. Within 4 years before you filed for bankrupt	•	ny of the following connections to	any business?	
	☐ A sole proprietor or self-employed i	n a trade, profession, or other activity,	either full-time or part-time	•	
	☐ A member of a limited liability comp	pany (LLC) or limited liability partnersh	ip (LLP)		
	☐ A partner in a partnership				
	☐ An officer, director, or managing ex	ecutive of a corporation			
	☐ An owner of at least 5% of the votin	g or equity securities of a corporation			
	■ No. None of the above applies. Go to F	Part 12.			
	Yes. Check all that apply above and fill	l in the details below for each business	S.		
	Business Name Address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.		
	(Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Dates business existed	ny mambon or remu	
	institutions, creditors, or other parties. ■ No □ Yes. Fill in the details below.	Date Issued			
	Name Address (Number, Street, City, State and ZIP Code)	Date issued			
Pai	art 12: Sign Below				
are with 18 U	ave read the answers on this <i>Statement of Fire</i> true and correct. I understand that making a th a bankruptcy case can result in fines up to U.S.C. §§ 152, 1341, 1519, and 3571. / John F. Hobdy, Jr.	false statement, concealing property, \$250,000, or imprisonment for up to 20	or obtaining money or property by		
	ohn F. Hobdy, Jr. gnature of Debtor 1	Signature of Debtor 2			
Da	ate July 26, 2021	Date			
I	d you attach additional pages to Your Stateme No Yes	ent of Financial Affairs for Individuals I	Filing for Bankruptcy (Official Forn	ı 107)?	
	d you pay or agree to pay someone who is not	t an attorney to help you fill out bankru	uptcy forms?		
	No Yes. Name of Person . Attach the <i>Bankru</i>	intov Patition Pranarar's Nation Dealersti	on, and Signature (Official Form 110)		
⊔ ۱	res. Ivallie of Ferson Attach the Bankru	picy reliiion riepalel 8 Nolice, Declarati	on, and Signature (Official Form 119)		

Case number (if known)

Debtor 1 **John F. Hobdy, Jr.**

Fill in this information to identify your case:					
Debtor 1	John F. Hobdy, Jr.				
Debtor 2 (Spouse, if filing)					
United States B	ankruptcy Court for the:	Western District of Pennsylvania			
Case number (if known)					

A 11 : d 1 1 d 1 1 d 1							
According to the calculations required by this Statement:							
1. Disposable income is not determined und 11 U.S.C. § 1325(b)(3).							
 2. Disposable income is determined under 1 U.S.C. § 1325(b)(3). 							
3. The commitment period is 3 years.							
■ 4. The commitment period is 5 years.							

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Additional pages, write your name and case number (if known). Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

					umn A o tor 1	Debt	mn B or 2 or filing spouse
Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and co	ommissio	ons (befor	re all \$	10,374.95	\$	2,927.46
 Alimony and maintenance payments. Do not include Column B is filled in. 	e payme	ents from	a spouse	if \$	0.00	\$	0.00
 All amounts from any source which are regularly profit you or your dependents, including child support from an unmarried partner, members of your househo and roommates. Do not include payments from a spouyou listed on line 3. Net income from operating a business, 	t. Includ ld, your use. Do	de regular depende not includ	contribut nts, parer	ions its,	0.00	\$	0.00
profession, or farm	Debto	0.00					
Gross receipts (before all deductions)	Φ –						
Ordinary and necessary operating expenses	- \$ _	0.00				_	
Net monthly income from a business, profession, or fa	rm \$ _	0.00	Copy he	ere -> \$	0.00	\$	0.00
6. Net income from rental and other real property	Debto	r 1					
Gross receipts (before all deductions)	\$_	0.00					
Ordinary and necessary operating expenses	-\$	0.00					
Net monthly income from rental or other real property	\$	0.00	Copy he	ere -> \$	0.00	\$	0.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

btc	John F. Hobdy, Jr.				Case number	er (<i>if kr</i>	nown)			
					Column A Debtor 1			Column B Debtor 2 non-filing	or	
	Interest, dividends, and royalties				\$	0.	.00	\$	0.00	
	Unemployment compensation				\$	0.	.00	\$	0.00	-
	Do not enter the amount if you contend that the the Social Security Act. Instead, list it here:	e amount received v	was a benefit und	der						-
	For you	\$	0.00							
	For your spouse	\$	0.00							
).	Pension or retirement income. Do not include benefit under the Social Security Act. Also, exc not include any compensation, pension, pay, at United States Government in connection with a disability, or death of a member of the uniforme pay paid under chapter 61 of title 10, then includes not exceed the amount of retired pay to wif retired under any provision of title 10 other the	e any amount recei ept as stated in the nnuity, or allowance disability, combat- ed services. If you rede that pay only to which you would oth	e next sentence, e paid by the related injury or eceived any retir the extent that it erwise be entitle	red t	\$	0.	.00	\$	0.00	_
0.	Income from all other sources not listed abord Do not include any benefits received under the under the Federal law relating to the national er under the National Emergencies Act (50 U.S.C coronavirus disease 2019 (COVID-19); paymer crime, a crime against humanity, or international compensation, pension, pay, annuity, or allowal Government in connection with a disability, condeath of a member of the uniformed services. It separate page and put the total below.	Specify the so Social Security Acmergency declared . 1601 et seq.) with hts received as a vial or domestic terroince paid by the Unnbat-related injury of	urce and amoun t; payments mad l by the Presiden respect to the ictim of a war rism; or ited States or disability, or	de nt						
	ooparato page ana par ine tetal selem				\$	0.	.00	\$	0.00	
					\$.00	\$	0.00	-
	Total amounts from separate pages, if	anv		+	\$.00	\$	0.00	-
	rotal amounto from ooparato pagoo, ii	arry.		_					7	-
	Calculate your total average monthly income ach column. Then add the total for Column A Determine How to Measure Your Ded	to the total for Colu	mn B. \$_	1	0,374.95	+	\$_	2,927.46		13,302.41 otal average conthly income
	Copy your total average monthly income from								\$	13,302.41
3.	Calculate the marital adjustment. Check one	:								
	You are not married. Fill in 0 below.									
	You are married and your spouse is filing	with you. Fill in 0 b	elow.							
	You are married and your spouse is not fill Fill in the amount of the income listed in lindependents, such as payment of the spoud Below, specify the basis for excluding this adjustments on a separate page.	ne 11, Column B, the se's tax liability or the income and the an	the spouse's sup	poi	rt of someon	ne oth	er th	an you or yo	ur depen	dents.
	If this adjustment does not apply, enter 0 b		¢							
			c			_				
	Total				0.0	00	Co	ppy here=>	_	0.00
4.	Your current monthly income. Subtract line	e 13 from line 12.							\$	13,302.41
5.	Calculate your current monthly income for	-	•						\$	13,302.41
	15a. Copy line 14 here=>								Ψ	

Debtor 1	John F. Hobdy, Jr.	Case number (if known)	
	Multiply line 15a by 12 (the number of months in a year).		x 12
15	o. The result is your current monthly income for the year for this pa	rt of the form.	\$159,628.92

Debto	or 1	John F. Hobdy, Jr.		Case number (if known)		
16.	Calo	culate the median family income that applies to y	you. Follow these step	DS:		
	16a	Fill in the state in which you live.	PA			
	16h	Fill in the number of people in your bousehold	6			
		Fill in the number of people in your household. Fill in the median family income for your state and			Φ.	123,138.00
	100.	To find a list of applicable median income amounts	s, go online using the		\$_	120,100.00
17	Ном	instructions for this form. This list may also be avaided to the lines compare?	ilable at the bankrupto	y clerk's office.		
.,,	17a.					
	17b.	Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calcuyour current monthly income from line 14 a	ulation of Your Dispo			
Part	3:	Calculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)			
18.	Сор	y your total average monthly income from line 1	1		\$	13,302.41
19.	cont	uct the marital adjustment if it applies. If you are end that calculating the commitment period under 1 use's income, copy the amount from line 13.				
	•	If the marital adjustment does not apply, fill in 0 on	line 19a.		-\$	0.00
	19b	Subtract line 19a from line 18.			\$_	13,302.41
20.	Cald	culate your current monthly income for the year.	Follow these steps:			
	20a	Copy line 19b			\$_	13,302.41
		Multiply by 12 (the number of months in a year).				x 12
						.=
	20b.	The result is your current monthly income for the y	ear for this part of the	form	\$_	159,628.92
	20c.	Copy the median family income for your state and	size of household from	n line 16c	\$_	123,138.00
	21.	How do the lines compare?				
		Line 20b is less than line 20c. Unless otherwiperiod is 3 years. Go to Part 4.	se ordered by the cou	rt, on the top of page 1 of this form, ch	eck box 3,	The commitment
		■ Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.	nless otherwise ordere	d by the court, on the top of page 1 of	this form, c	check box 4, The
Part	4:	Sign Below				
	By s	igning here, under penalty of perjury I declare that t	the information on this	statement and in any attachments is to	ue and co	rrect.
Х	(/s/	John F. Hobdy, Jr.				
		hn F. Hobdy, Jr. nature of Debtor 1				
	_	July 26, 2021				
		MM/DD/YYYY				
	•	u checked 17a, do NOT fill out or file Form 122C-2.		64b-4-6		an line 4.4 als assa

Fill in	this information to identify your case:	
Debto	John F. Hobdy, Jr.	
Debto	r 2 se, if filing)	
Unite	States Bankruptcy Court for the: Western District of Pennsylvania	
Case (if kno	number wn)	☐ Check if this is an amended filing
	<u> </u>	ole Income 04/
	out this form, you will need your completed copy of <i>Chapter 13 Sta</i> hitment Period (Official Form 122C-1).	Statement of Your Current Monthly Income and Calculation of
space additi	is needed, attach a separate sheet to this form, Include the line nur onal pages, write your name and case number (if known).	ng together, both are equally responsible for being accurate. If more number to which additional information applies. On the top any
Part '	: Calculate Your Deductions from Your Income	
the inf De exp	questions in lines 6-15. To find the IRS standards, go online using ormation may also be available at the bankruptcy clerk's office. duct the expense amounts set out in lines 6-15 regardless of your actual	ating expenses that you subtracted from income in lines 5 and 6 of Form
If y	our expenses differ from month to month, enter the average expense.	
No	e: Line numbers 1-4 are not used in this form. These numbers apply to i	to information required by a similar form used in chapter 7 cases.
5.	The number of people used in determining your deductions from	m income
	Fill in the number of people who could be claimed as exemptions on you plus the number of any additional dependents whom you support. This the number of people in your household.	
Na	ional Standards You must use the IRS National Standards to	to answer the questions in lines 6-7.
6.	Food, clothing, and other items: Using the number of people you en Standards, fill in the dollar amount for food, clothing, and other items.	
7.	Out-of-pocket health care allowance: Using the number of people yethe dollar amount for out-of-pocket health care. The number of people people who are 65 or olderbecause older people have a higher IRS a higher than this IRS amount, you may deduct the additional amount or	olé is split into two categoriespeople who are under 65 and S allowance for health car costs. If your actual expenses are

People v	vho are under 65 years of age					
7a.	Out-of-pocket health care allowance per person	\$	68			
7b.	Number of people who are under 65	X	6			
7c.	Subtotal. Multiply line 7a by line 7b.	\$	408.00	Copy here=>	\$ 408.00	
People v	who are 65 years of age or older					
7d.	Out-of-pocket health care allowance per person	\$	142			
7e.	Number of people who are 65 or older	X	0			
7f.	Subtotal. Multiply line 7d by line 7e.	\$	0.00	Copy here=>	\$0.00_	
7g.	Total. Add line 7c and line 7f		\$	408.00	Copy total here=>	\$408.00_

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities Insurance and operating expenses
- Housing and utilities Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses.

748.00

- 9. Housing and utilities Mortgage or rent expenses:
 - 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses.

\$ 1,254.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Avera	age monthly ent						
Flagstar Bank	\$	1,436.69	_					
9b. Total average monthly payment	\$	1,436.69	Copy here=>	-\$	1	,436.69	Repeat this on line 33a.	amou
Net mortgage or rent expense.						_		
Subtract line 9b (total average monthly payment) from or rent expense). If this number is less than \$0, enter \$,	mortgage	\$		0.00	Copy here=>	\$	0.0

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

\$ 0.00

Explain why:

9c.

Debtor 1	John F. Hobdy, Jr.		Case number (if known)	
11.	Local transportation expenses: Check the number of vehic	cles for which you claim a	n ownership or operating exp	ense.
	□ 0. Go to line 14.			
	☐ 1. Go to line 12.			
	■ 2 or more. Go to line 12.			
12.	Vehicle operation expense: Using the IRS Local Standards			\$ 548.00
13	operating expenses, fill in the <i>Operating Costs</i> that apply for Vehicle ownership or lease expense: Using the IRS Local	·		
10.	You may not claim the expense if you do not make any loan more than two vehicles.			
Vel	Describe Vehicle 1: 2011 Hyundai Sonata 9 Pittsburgh PA 15206	1,000 miles Location	: 1018 Mellon St.,	
13a.	Ownership or leasing costs using IRS Local Standard		\$533.00	
13b.	Average monthly payment for all debts secured by Vehicle 1.			
	Do not include costs for leased vehicles.			
	To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mont bankruptcy. Then divide by 60.			
	Name of each creditor for Vehicle 1	Average monthly payment		
	First National Bank	\$ 94.12		
	Total Average Monthly Payment	\$94.12	Copy here => -\$ 94.12	Repeat this amount on line 33b.
13c.	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$0	, enter \$0	Ve	py net hicle 1 pense here \$438.88
Vel	nicle 2 Describe Vehicle 2:			
13d.	Ownership or leasing costs using IRS Local Standard		\$0.00_	
13e.	Average monthly payment for all debts secured by Vehicle 2. leased vehicles.	Do not include costs for		
	Name of each creditor for Vehicle 2	Average monthly payment		
	-NONE-	\$		
			Copy R	epeat this
	Total average monthly payment	\$	here a	nount on line 3c.
13f.	Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this number is less than \$0	, enter \$0	Ve	py net hicle 2 pense here \$0.00
14.	Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of v			\$0.00
15.	Additional public transportation expense: If you claimed also deduct a public transportation expense, you may fill in w not claim more than the IRS Local Standard for <i>Public Trans</i> ,	hat you believe is the app		

Debtor 1	John F. Hobdy, Jr.				Case number (if known)		
Othe	er Necessary Expenses	In addition to the expense the following IRS categori		ns listed above,	you are allowed your monthly expens	ses for	
16.	self-employment taxes, so your pay for these taxes. H	ocial security taxes, and Med However, if you expect to re- from the total monthly amou	dicare taxe ceive a ta	es. You may inc x refund, you m	d local taxes, such as income taxes, slude the monthly amount withheld from ust divide the expected refund by 12 for taxes.	m \$	3,604.95
17.	Involuntary deductions: contributions, union dues,	The total monthly payroll de and uniform costs.				_	222.74
					1(k) contributions or payroll savings.	\$	332.71
18.	filing together, include pay	ments that you make for yo for life insurance on your de	ur spouse	s's term life insu	e insurance. If two married people are rance. spouse's life insurance, or for any for	m \$	0.00
19.	administrative agency, suc	The total monthly amount ch as spousal or child suppo	ort payme	nts.	by the order of a court or ou will list these obligations in line 35	\$	0.00
20		on past due obligations for s			_		
20.	as a condition for your	, , , ,	Cadoano	in that is citrici i	equired.		
	for your physically or m	nentally challenged depende	ent child if	no public educa	ation is available for similar services.	\$	0.00
21.		thly amount that you pay for for any elementary or secon			itting, daycare, nursery, and preschool	ol. \$	0.00
22.	that is required for the hea by a health savings accou	alth and welfare of you or yo nt. Include only the amount	ur depend that is mo	dents and that is ore than the tota		¢	0.00
		ance or health savings acco				\$_	
	for you and your depender phone service, to the exter income, if it is not reimburs Do not include payments f expenses, such as those r	nts, such as pagers, call wa nt necessary for your health sed by your employer. for basic home telephone, ir	iting, calle and welfa aternet and Form 122	er identification, are or that of yo d cell phone ser 2C-1, or any am	you pay for telecommunication service special long distance, or business cel ur dependents or for the production of vice. Do not include self-employment ount you previously deducted.	! :	0.00 8,502.54
۷٦.	Add lines 6 through 23.					L'	
Add	itional Expense Deductio	These are additional Note: Do not include					
25.					ses. The monthly expenses for health ly necessary for yourself, your spouse		
	Health insurance		\$	2,050.00			
	Disability insurance		\$	0.00			
	Health savings account		+ \$	0.00	٦		
	Total		\$	2,050.00	Copy total here=>	\$	2,050.00
	Do you actually spend this No. How much do	s total amount? you actually spend?			_		
	Yes		\$				
26.	continue to pay for the rea your household or membe	asonable and necessary care	e and sup vho is una	port of an elder able to pay for s	e actual monthly expenses that you wi ly, chronically ill, or disabled member uch expenses. These expenses may 29A(b)		0.00
27.					nses that you incur to maintain the es Act or other federal laws that apply		
	By law, the court must kee	ep the nature of these exper	ses confi	dential.		\$	0.00

	John F. Hobdy, Jr.	Case number (if known)				
28.	Additional home energy costs. Your hom line 8.	ne energy costs are included in your insurance and operating expen	nses on	ı		
	If you believe that you have home energy of 8, then fill in the excess amount of home en	ne				
	You must give your case trustee document amount claimed is reasonable and necessary	ation of your actual expenses, and you must show that the addition ary.	nal		\$	0.00
29.	Education expenses for dependent child \$170.83* per child) that you pay for your depublic elementary or secondary school.	dren who are younger than 18. The monthly expenses (not more ependent children who are younger than 18 years old to attend a property of the p	than ivate or	r		
	You must give your case trustee document claimed is reasonable and necessary and r	tation of your actual expenses, and you must explain why the amounot already accounted for in lines 6-23.	ınt			
	* Subject to adjustment on 4/01/22, and ev	ery 3 years after that for cases begun on or after the date of adjusti	ment.		\$	0.00
		The monthly amount by which your actual food and clothing expens gallowances in the IRS National Standards. That amount cannot be in the IRS National Standards.				
		tional allowance, go online using the link specified in the separate so be available at the bankruptcy clerk's office.				
	You must show that the additional amount	claimed is reasonable and necessary.			\$	0.00
	 Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. U.S.C. § 548(d)(3) and (4). 					
	Do not include any amount more than 15%	of your gross monthly income.			\$	0.00
	Add all of the additional expense deduce Add lines 25 through 31.	tions.		5	\$	2,050.00
Ded	uctions for Debt Payment					
		in property that you own, including home mortgages, vehicle				
7	oans, and other secured debt, fill in lines To calculate the total average monthly paym creditor in the 60 months after you file for ba	nent, add all amounts that are contractually due to each secured				
	Mortgages on your home					
	Mortgages on your nome					monthly
33a.	Conviling Oh have		=>		aymen	
33a.	Conviling Oh have		=>		aymen	t
33a. 33b.	Copy line 9b here Loans on your first two vehicles				aymen	t
	Copy line 9b here Loans on your first two vehicles Copy line 13b here				aymen	t 1,436.69
33b. 33c.	Copy line 9b here Loans on your first two vehicles Copy line 13b here		=>		aymen	94.12
33b. 33c. 33d.	Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here		=> yment axes		aymen	94.12
33b. 33c. 33d.	Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts:	Identify property that secures the debt Does pa	=> yment axes		aymen	94.12
33b. 33c. 33d.	Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts:	Identify property that secures the debt Does particulate to or insura	=> yment axes ince?	\$ \$ \$	aymen	94.12
33b. 33c. 33d.	Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: the of each creditor for other secured debt	Identify property that secures the debt Does particulate to or insuration. No	=> yment axes ince?		aymen	94.12
33b. 33c. 33d.	Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: the of each creditor for other secured debt	Identify property that secures the debt Does pa include to or insura No Yes	=> yment axes ince?	\$ \$ \$	aymen	94.12
33b. 33c. 33d.	Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: the of each creditor for other secured debt	Identify property that secures the debt Does particulate to or insuration. No	=> yment axes ince?	\$ \$ \$	aymen	94.12
33b. 33c. 33d.	Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: the of each creditor for other secured debt	Identify property that secures the debt Does pa include to or insura No Yes	=> yment axes ince?	\$ \$ \$	aymen	94.12
33b. 33c. 33d.	Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: the of each creditor for other secured debt	Identify property that secures the debt Does pa include t or insura No Yes	=> yment axes ince?	\$ \$ \$	aymen	94.12
33b. 33c. 33d.	Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: the of each creditor for other secured debt	Identify property that secures the debt Does particulate to or insura No Yes No No	=> yment axes nce?	\$ \$ \$ \$	aymen	94.12

otor 1 Jon	n F. Hobay, Jr.			Case	number (<i>if known</i>)			
	debts that you listed in ling property necessary for yo							
	Go to line 35.	ar support or the supp	or your ac	pendents.				
	State any amount that you listed in line 33, to keep po Next, divide by 60 and fill in	ssession of your property						
Name of the	•	Identify property that se	cures the deb	t	Total cure amount		Monthly	cure
		1018 Mellon St. Pit Allegheny County Debtor's primary r with non-filing wife comparable home	esidence, o e. Value is	n deed			amount	
Flagstar I	Bank	neighborhood.		\$	1,436.00			23.93
				\$		$\div 60 = \$$ $\div 60 = +\$$		
		-			-	Сору		
				Total	\$ 23.93	total	> \$	23.9
36. Projecte Current I	Fill in the total amount of a ongoing priority claims, such Total amount of all past-ded monthly Chapter 13 plan multiplier for your district as significant to the United States Courts (for	ch as those you listed in I ue priority claims a payment stated on the list issued b r districts in Alabama and	ine 19. by the Administ North Caroli	strative na) or by	\$ 0.00 \$ 2,944.00	_	\$	0.00
To find a	cutive Office for United States list of district multipliers that inclu instructions for this form. This list	ides your district, go online u	ısing the link sp	ecified in the		_		
Average	monthly administrative expe	ense			\$117.76	Copy total		117.7
	l of the deductions for debtes 33e through 36.	t payment.					\$	1,672.50
otal Deduc	ctions from Income							
8. Add all	of the allowed deductions.							
	ne 24, All of the expenses all se allowances	lowed under IRS	\$	8,502.54	_			
Copy li	ne 32, All of the additional ex	pense deductions	\$	2,050.00	_			
	ne 37, All of the deductions f		+\$	1,672.50	-			
Total de	eductions		\$	12,225.04	Copy total here=	:>	\$	12,225.0

Debtor 1	Joh	ın F. Hobdy	/, Jr.			Ca	ase nu	umber (if known)		
Part 2:	De	etermine You	ır Disposable Income Under	11 U.S.C. § 13	25(b))(2)				
			rent monthly income from lin Current Monthly Income and				d		\$	13,302.41
1	childrei disability received	 The month y payments for d in accordan 	Ily necessary income you rec ly average of any child support or a dependent child, reported i ce with applicable nonbankrupt ended for such child.	payments, fos n Part I of Forr	ter ca n 122	are payments, or 2C-1, that you		\$	0.00	
i	41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specifie in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).						d	\$	0.00	
42.	Total of	all deduction	ns allowed under 11 U.S.C. §	707(b)(2)(A).	Сору	line 38 here:	=>	\$ 12,22	5.04	
t	expense their exp	es and you ha	ial circumstances. If special of ave no reasonable alternative, of must give your case trustee a cocumentation for the expenses	describe the sp letailed explan	eciál	circumstances a	ınd			
Des	cribe th	ne special ci	rcumstances			Amount of exp	ens	е		
					;	\$		_		
						\$				
						 \$		_		
							٦	_		
				Total	\$_	0.00	- 1	Copy nere=> \$ 	0.00	
44.	Total ad	djustments. /	Add lines 40 through 43.			=>	\$_	12,225.04	Copy here=> -\$	12,225.04
45. (•	thly disposable income unde	er § 1325(b)(2)	. Sub	tract line 44 from	line	39.	\$	1,077.37
46. (Change have ch time you you filed	anged or are ur case will be d your petition	or expenses. If the income in F virtually certain to change afte e open, fill in the information be n, check 122C-1 in the first colu in when the increase occurred,	r the date you below. For examplem, enter line	filed y ple, if 2 in tl	our bankruptcy point the wages repor he second colum	cetition ted in, ex	on and during the ncreased after		
Form	n	Line	Reason for change			Date of chang	je	Increase or decrease?	Amount o	of change
1: 1: 1: 1: 1:	22C-1 22C-2 22C-1 22C-2 22C-1 22C-2 22C-1							☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Increase ☐ Increase ☐ Increase	\$ \$ \$	
	22C-2					<u> </u>		Decrease	\$	

Debtor 1	John F. Hobdy, Jr.	Case number (if known)	
Part 4:	Sign Below		
E	By signing here, under penalty of perjury you declare that the inform	nation on this statement and in any attachments is true and correct.	
x	/s/ John F. Hobdy, Jr.		
	John F. Hobdy, Jr.		
	Signature of Debtor 1		
Date	July 26, 2021		
	MM / DD / YYYY		

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter '	7 :	Liquidation
\$	245	filing fee
;	\$78	administrative fee
<u>+</u>	\$15	trustee surcharge
\$	338	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,738

\$1,167 filing fee

\$571 administrative fee

total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Western District of Pennsylvania

	We	stern District of Pennsylva	nia				
In	re _ John F. Hobdy, Jr.		Case No.				
		Debtor(s)	Chapter	13			
	DISCLOSURE OF COM	PENSATION OF ATTO	RNEY FOR DE	EBTOR(S)			
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2 compensation paid to me within one year before the be rendered on behalf of the debtor(s) in contemplating	016(b), I certify that I am the attornfiling of the petition in bankruptcy	ney for the above nam , or agreed to be paid	ned debtor(s) and that to me, for services rendered or to			
	For legal services, I have agreed to accept		\$	5,000.00			
	Prior to the filing of this statement I have receive	ved	\$	1,000.00			
	Balance Due		\$	4,000.00			
2.	The source of the compensation paid to me was:						
	■ Debtor □ Other (specify):						
3.	The source of compensation to be paid to me is:						
	■ Debtor □ Other (specify):						
4.	■ I have not agreed to share the above-disclosed co	ompensation with any other person	unless they are mem	bers and associates of my law firm.			
	☐ I have agreed to share the above-disclosed comp copy of the agreement, together with a list of the						
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:						
	 a. Analysis of the debtor's financial situation, and reb. b. Preparation and filing of any petition, schedules, c. Representation of the debtor at the meeting of cred. d. [Other provisions as needed] Client has agreed that the parties will Fee". Attorney will record and maintage for client, all of which will be billed a the Court's Local Rules pertaining to 	statement of affairs and plan which editors and confirmation hearing, a Il follow the Local Rules regar ain time and expenses for all t \$250.00 per hour. Additional	h may be required; nd any adjourned hea ding compensation meetings, appeara I compensation wi	rings thereof; on beyond the local "No-Look inces, and work completed II be paid in accordance with			
	PA 1993). Client's fee agreement will			, ,			
6.	By agreement with the debtor(s), the above-disclosed	d fee does not include the following	g service:				
		CERTIFICATION					
this	I certify that the foregoing is a complete statement of bankruptcy proceeding.	f any agreement or arrangement for	r payment to me for re	epresentation of the debtor(s) in			
	July 26, 2021	/s/ Matthew M. B	rennan				
	Date	Matthew M. Bren					
		Signature of Attorna Matthew M Breni					
		201 S. Highland					
		Suite 201	5206				
		Pittsburgh, PA 19 412-414-9366	J200				
			brennan@gmail.c	om			

Name of law firm

United States Bankruptcy Court Western District of Pennsylvania

In re	Jonn F. Hobay, Jr.		Case No.	
-		Debtor(s)	Chapter	13
	VERIFICATION OF CREDITOR MATRIX			
The abo	ve-named Debtor hereby verifies t	that the attached list of creditors is true and o	correct to the best	of his/her knowledge.
Date:	July 26, 2021	/s/ John F. Hobdy, Jr. John F. Hobdy, Jr.		